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EDITOR'S MISCELLANY



DR. WILLIAM H. WELCH, of the Johns Hopkins University, before the Maryland State Nurses' Association:

"You have to consider exactly how to proceed to secure the State Examining Board. I noticed in several of the States the law was almost imperilled by efforts to secure the presence of physicians upon these Examining Boards. Now I am quite sure that it is not the function of the physician to examine nurses. They had something to say in the training of the nurses; the nurse should not go forth without having come under the guidance of the physician; but your profession is a skilled profession which requires special knowledge, and a special knowledge that is possessed by the trained nurse and not by the physician. Akin as the professions of medicine and of nursing are, they are still distinct professions, and there is no necessity, in my opinion, and there are certain disadvantages, in the requirement that physicians should be members of the Examining Board. Most of these laws provide that the Examining Board shall consist of persons chosen, or at least nominated, by the State association, and that seems to me probably the wisest method.

"These two features, then, are the ones which insure that the registered nurse has the requisite training and has the requisite knowledge. They insure that she has been graduated from a recognized training-school, one with the proper standards as regards the period of study and practical training. The law further provides that after the nurse has given evidence that she possesses the preliminary training she must pass an examination, not by her own training-school, where conditions come in that do not absolutely insure the necessary qualifications, but before a separate and distinct Examining Board. These are the essential features, as I understand it, of the law—the existence in the first place of a State association of nurses, in the second place a provision in the law for a suitable preliminary training, and, in the third place, the passing of the examination of a Board of Examiners who have not of necessity been the candidate's own teachers.

"Now, what objection can possibly be raised against this desire on the part of the nurse's profession? No real objection, but you are likely, I suppose, to encounter some opposition, and I suppose that opposition will be based upon the idea that such a law as this sets up an unjustifiable distinction; that it sets apart a certain class from others. But the distinction is one eminently desirable, namely that the term 'registered nurse' shall mean that here we have nurses who possess certain defined qualifications. At present a diploma does not mean that of necessity, so that you require protection on account of the inflow into your profession of those who claim the same title without having acquired the same qualifications. Therefore this argument, which is the only one that occurs to me, is one that you will be able to meet when you go before the Legislature at Annapolis—that you are proposing a distinction, but one based upon right and justice, and one that it is certainly eminently desirable to make. The best argument, perhaps, is that of the benefit to the whole community, because the great majority of people have at present no way of determining who are the really qualified nurses, while the institution of the title of 'registered nurse' would overcome this difficulty.

"From every point of view that occurs to me your movement is one that should have the support and sympathy especially of the members of the legal profession, of the members of the medical profession, and of all women who are interested in improving the opportunities for women of higher professional and practical work, for skilled nursing is a great field for women's activity. I wish you all success in your efforts, and shall be glad to be of any assistance to you in my power in securing the desired legislation."

[Each time that nurses have organized to secure State registration men and women of note have come forward to give their approval and support to the movement, and their names should live in the history of nursing progress.—Ed.]

THE *Spirit of Missions* for February gives a very interesting account of the foot-binding custom among the Chinese. It seems that a girl with unbound feet has little chance of a husband. Public opinion will fully sustain a bridegroom in returning his bride to her mother if he discover after marriage that his wife has unbound or "large" feet. He is not likely to make this discovery before marriage, as young men and women, though they may be betrothed as children, are not allowed to see each other until the day of the wedding.

This custom of foot binding is so old that its origin is lost. There is no fixed age for beginning to bind the feet. Among the rich the binding is begun with girls of four or five; among the poorer people usually from seven to nine. In any case the process is intensely painful. "The four smaller toes are doubled under the foot, the big toe is laid on top, and the deformity is then tightly bandaged." The process is repeated every few days, the bandages being drawn more tightly each time. Three inches is considered a proper length for the deformed foot of a full-grown woman. . . .

Apparently nothing was ever done to abate the cruelties of foot-binding until the Christian missionaries began a campaign of education against it. They have been joined by other foreigners in the empire, and there is now a flourishing association known as the *Tien Tsu Hui*, or "Natural Feet Society." Some of the more progressive Chinese officials have coöperated with this society and have written protests against the foot-binding process. About two years ago the Empress Dowager issued an edict urging that it be given up. But in spite of both foreign and native opposition it will be many years before the practice disappears.

Recently the *Tien Tsu Hui* offered prizes for essays by Chinese on foot-binding. Over two hundred articles were received, most of them condemning the practice. Here, however, are two samples of the argument for the defence. Incidentally they show plainly the current Chinese opinion concerning women:

1. "Bound feet assist women to do their duty, which is to stay at home and not to gad about in their neighbors' houses.

2. "Those who complain of the pain involved in binding the feet forget that suffering is necessary for the proper development of woman's character. A woman who has not eaten this bitterness is likely to be opinionated and to want her own way. She will argue and quarrel with her husband, and the two will oppose each other like a pair of strong hands, each coming against the other, causing smacks and crashes. On the contrary, a bound-footed woman will receive correction and is submissive and obedient to her husband. Confucius says that women should be weak and men strong. This is the proper order."

As Christian teaching spreads foot-binding will naturally decrease. For

with Christian teaching will come a more just estimate of the place of women in Chinese life and unwillingness to inflict unnecessary pain upon the human body, and particularly upon the bodies of young girls. One rarely finds Christian fathers and mothers who bind the feet of their daughters. The whole missionary influence is against the practice. In many mission schools a practical kind of opposition to foot-binding, which appeals to many Chinese parents, is shown by charging school fees only for girls with bound feet. Those with unbound feet are received free.

THE PROFESSIONAL vs. THE TRAINED NURSE.—

To the Editor of the Medical Record.

SIR: Some time ago the subject of the education of nurses was considered in the *Medical Record* in the hopes of bringing some kind of response from members of the medical profession, and opening up the question in a radical and fundamental manner. But no response came, though the question has been touched upon in more recent issues of the *Medical Record*. However, good material for opening up the subject may be found in an article in the *Medical Record* of September 26, which probably represents the conservative and general opinion of the medical profession. In this contribution it is said that, "thanks to the great advance made in nursing in our day, we physicians can usually have our directions and treatment of patients intelligently and faithfully carried out if we constantly have the courage to insist upon what is best for the well-being of our patients and our moral self-respect. I am not quite sure that the nurse's realization of the doctrine of self-sacrifice and devotion has continuously improved. I am also convinced that more than one subject nurses are taught at some length in the schools had better be let alone. This acquired smattering of anatomy, physiology, and therapeutics is often of practical detriment in the role of the nurse. They are tempted, with imperfect knowledge, to give counsel or direct at times when they should seek only to comfort and serve."

The name of the author of the above is purposely omitted in order to avoid every appearance of personal polemic in the advocacy of opposing opinions. For the same and other reasons the writer assumes a nom-de-plume. Ideas are only of value as they prove true. The author is simply a vehicle, as his pen is, and amounts to nothing. The days of ambition for honors or notoriety have passed. The primary and fundamental question is the amount and character of the instruction given to nurses or asked for by them, and may well be introduced by requoting the following: "That more than one subject nurses are taught at some length in the schools had better be let alone. This acquired smattering of anatomy, physiology, and therapeutics is often of practical detriment to the nurse. They are often tempted, with imperfect knowledge, to give counsel or direct at times when they should seek only to comfort and serve."

Admitting that the accusation is true in many cases, is it not equally true that the real trouble lies in the very "smattering of imperfect knowledge" on the part of the culprit? Is it not this "smattering" which constitutes the dangerous thing, or "little knowledge," complained of in the well-known and oft-quoted saying. Would not a more fundamental, and at the same time broader, education in scientific fundamentals remove or nullify the very danger mentioned? Would not more knowledge with specific education in its professional application enable the intelligent nurse to better understand her place and keep her professional position, both in regard to the attending physician and patient? The trouble seems to be just where it has been placed, but with quite the contrary meaning—that is, in the "smattering of imperfect knowledge" now woefully

given to nurse students in the so-called training-schools. Not only does the trouble lie in the "smattering," but the manner of applying it to the needs of the nurse is still more culpable. It is neither the "fish, flesh, nor fowl" of education, and is practically indigestible for either medical student or student nurse. It is a sort of half-way nondescript unsuitable for any specific purpose. In a certain sense the lectures to nurses are mostly voluntary, and it has often happened that lectures are scheduled for certain hours, and no lecturer has appeared for a week, thus disappointing as well as demoralizing the nurse students. No serious study has yet been given to the proper adaptation of what may be termed medical education to the needs of the nurse, and, as previously intimated, the stuff they do get is not suitable to the medical student, and being a most indigestible digest of what is generally offered to medics is equally unsuitable to the nurse student. *The education of nurses should be far more in the hands of especially gifted and educated nurses than at present.** Even the physician or surgeon lecturer should know intimately the requirements of the nurses and have the power of special adaptation, and have time and enthusiasm to apply himself or he is unfit. The question of education in any line is fully as much in the specific adaptation of what is offered to the needs of the student as in the material itself. Too much education is to be likened to good food improperly cooked and totally unadapted to the digestive apparatus of the patient.

Profession or trade? That is the question. Does not the issue before us find its counterpart in the medical profession? Is it not what all earnest thinking men have combated and are still combating? *Should we not then uphold the endeavors of the most intelligent nurses for the better education of their class in our own self-interest? ** Certainly the intelligent public has no less interest and the unintelligent will be equally benefited. In medicine do we not have the educated professional, the physician, and have we not still with us the graduate of the medical hotbed, with his "smattering of imperfect knowledge," the trade-doctor? It is the trade-doctor the medical profession has been endeavoring to purge itself of as an undesirable parasite, and it is the trade-nurse, with her "smattering of imperfect knowledge," that must be purged out of the ranks ere we can have the more desirable and better-educated professional nurse. The question is, if the better class of nurses are ready and anxious to take the medicine, should not we physicians prepare and administer the dose? Cannot the nurses say to us, "Why stand ye idle here?" On all other questions of education we have come to the conviction that "a little knowledge is a dangerous thing," and that the most exact and fundamental education possible is the only remedy against social anarchy; but in regard to the education of nurses our most learned colleague would have even the "smattering of imperfect knowledge" removed "because the semi-educated nurse raises anarchy in the house by giving counsel and directing where the properly educated nurse would not. Is not the real remedy to be sought in following the adage to "take another bite of the dog that bit you": not only a "bite," but to consume the whole digestible part of the carcass? By education alone can the "trained (trade) nurse" be abolished and the professional nurse, in her way the equal of the professional physician, become a gloriously creditable member of society. It is the "trained nurse," with her "smattering of imperfect knowledge," that raises anarchy with the patient, as it is the trade-doctor who does the same thing. Both have that dangerous disease, *macro-cranialis giganticus*, the only remedy for which is more and better fundamental education. The trained nurse of to-day is simply a more or less perfectly drilled machine and not at all educated in the professional sense.

* Italics are ours.

Which is better for us physicians, to remove the "smattering" of knowledge the nurse may now possess and increase the trade-training, or augment the knowledge and thoroughly teach the nurse student how best to apply it to her own interest? Please do not jump on that, ye altruistic emotionalist. Know ye not that he who serves himself intelligently (with all that word implies) will give the best possible service to others?

Who has not met a "trained nurse," a most highly approved graduate of some recognized training-school, well drilled in all the tactics of her trade, absolutely without even a "smattering of knowledge" in anything but the trade sense, but unquestionably competent in that sense, whose looks and manners were that of an ill-bred person who murdered the King's English "to absolute distortion, who was without active intelligence and yet so well drilled as to automatically do her work? Is not the picture only too true? That is the kind of nurse our most distinguished colleague seems to advocate. Even such as that may have her place in some wards in a hospital where refining influences are uncalled for? On the other hand, are we not straining every nerve in our endeavors to free ourselves from just that class of society? The educated and refined nurse in the hospital is a strong power in the elevation of such inmates. Again, the trade-nurse may be useful during an operation, or in the worst stages of a dangerous disease, when the patient is indifferent to surroundings; but of what value is such an ignoramus in the convalescence of a refined and educated patient? The thoroughly educated and refined professional nurse can do all the best of trade nurses can, and more still, and is to be depended on in emergencies where the drilled machine would stop short for want of intelligence and that education which makes a person active and reliable. The best trade nurse is to be compared to the old-time "able seaman" who knew all the details of his trade, but was absolutely useless to direct the work and generally completely demoralized without the guidance of the educated officer in case of disastrous emergency. As things are, too many nurses are of the trade-nurse type. Is not the medical profession ready for the truly professional nurse? The better educated and more refined portion of the public certainly demands them. They are equally necessary to the service of the less educated and cultured.

The writer has ever been an opponent of private, semi-public, or even endowed educational institutions for any branch of education having to do with fitting persons for the public service. If any branch of that service is especially public and should be controlled for and by the best representative public intelligence, it is the medical profession, of which that of nursing is an inseparable part. As things now are, the hospital is the training-school, but it can never become the school for the fundamental education of student nurses. The student nurses in hospital training-schools are so driven with trade-work that it is impossible for them to find time for detailed study and critical thought over the conditions presented by patients. What knowledge they do get is too much of the "pick-up" type. It is a veritable "prostitution" of the name education. It is "Drill, ye tarriers, drill," until all energy is fairly trained out of the unfortunate nurse candidates. The only recourse is, as stated in a previous article, for the public to establish preparatory or normal schools for the instruction of student nurses specifically and broadly in the scientific fundamentals of their profession by persons especially qualified by study and experience to adapt that knowledge to the needs of the professional nurse. This question of the specific fundamental education of the nurse will be treated in a future communication.—MEDICUS in the *Medical Record* of December 5.